

# LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # L12000106019

1. Entity Name

JLT Tax Services, LLC



FILED

2013 MAY -1 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3975 S Ob Trl

3. Mailing Address

3975 S Ob Trl

Suite, Apt. #, ect.

Suite, Apt. #, ect.

Suite 111

Suite 111

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32839

32839

4. FEI Number

45-5237032

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

CR2E083B (1/11)

6.

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7. Name and Address of Current Registered Agent

Name

Lucie Alexandre

Street Address (P.O. Box Number is Not Acceptable)

3975 S Ob Trl suite 111

City

Orlando

FL

Zip Code

32839

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

05/3/2013

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

lalexandre06@hotmail.com

To be used for future annual report notices

9.

MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM  
Lucie Alexandre  
3975 S Ob Trl suite 111  
Orlando FL 32839

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

10.

500247646775  
05/06/13--01019--001 \*\*\$138.75

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IN THIS SPACE

JB

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §17.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/3/2013

Date

Daytime Phone#